

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1 File Number U - 9353	2 Fiscal Year Covered From 1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing Name William C Walpert P O Box, Bldg, Room No, if any Mezzanine Street 1370 Ontario Steet City Cleveland State Ohio ZIP Code + 4 44113-1702	4 Name, file number, and address of labor organization Name Brotherhood of Locomotive Engineers and Trainm Labor Organization File Number 000-101 P O Box, Building and Room Number, if any Mezzanine Street 1370 Ontario Street City Cleveland State Ohio ZIP Code + 4 44113-1702
5 Position in labor organization National Secretary-Treasurer	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name, if any) Name Trade Name, if any P O Box, Bldg, Room No, if any Street City State ZIP Code + 4	7 a Nature of Interest, Transaction, or Income 7 b Amount

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)	
Signed William Walpert	On 8/12/2005 216-241-2630 Date Telephone Number

Name of Person Filing William Walpert	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)

Name **United Healthcare**

Trade Name, if any

P O Box, Bldg , Room No , if any **P.O. Box150453**

Street **450 Columbus Blvd.**

City **Hartford**

State **Connecticut** ZIP Code + 4 **06115-0453**

9 Business deals with

- ☒ a Labor Organization
- ☐ b Trust
- ☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name, if any

P O Box, Bldg , Room No , if any

Street

City

State ZIP Code + 4

11 a Nature of such dealing

1/31/2004	Aventura, FL	Golf	\$164 78
2/01/2004	Aventura, FL	Golf	\$164 78
2/03/2004	Aventura, FL	Golf	\$164 78
2/04/2004	Aventura, FL	Golf	\$164 78

11 b Approximate dollar value of such dealing

\$659

12 a Nature of interest held or income received

12 b Amount

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name, if any

P O Box, Bldg , Room No , if any

Street

City

State ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer ☐ **or Consultant** ☐ **?**

14 b Amount of payment.

Name of Person Filing William Walpert

File Number U-

Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)

Name George Faulkner

Trade Name, if any Faulkner, Muskovitz and Phillips

P O Box, Bldg, Room No, if any

Street 820 West Superior

City Cleveland

State Ohio ZIP Code + 4 44113

9 Business deals with

☒ a Labor Organization

☐ b Trust

☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State ZIP Code + 4

11 a Nature of such dealing

Holiday gift basket

11 b Approximate dollar value of such dealing

\$65

12 a Nature of interest held or income received

12 b Amount